

FOR INSTRUCTIONS, SEE BACK OF FORM
This form is not applicable to statutory political committees.

Notice of Dissolution

Every Notice of Dissolution shall be accompanied by a completed Disclosure Report Form current to the date of dissolution.

COMMITTEE NAME

JAN 17 2003

FORM

(Rev. 02/96)

DR-3
NOTICE OF
DISSOLUTION

For Office Use Only

Comm. # 17260
Indexed SW
Audited _____
Computer 1000
Certified Date of Dissolution _____

Official Name of Committee	
<u>Torkelson For Supervisor</u>	
Street	
<u>2085 River Rd.</u>	
<u>FOREST CITY, FA., 50436</u>	
City, State, Zip Code	
Area Code	Telephone
<u>(644)</u>	<u>581-1955</u>

Effective date of dissolution:

January 16, 2003

Bonnie M. Torkelson
Signature of Treasurer

January 16, 2003
Date signed

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

I, the candidate, certify that my candidate committee's cash balance is zero, all debts, obligations and loans have been paid or satisfied in accordance with law as shown on my committee's final report and all campaign property and leftover funds have been distributed in accordance with my committee's last filed Statement of Organization.

John M. Torkelson
Signature of Candidate - Required for Candidate's Committee

1-16-03
Date signed

WHEN TO FILE:

The Notice of Dissolution must be filed within thirty (30) days of the committee's dissolution, with a copy of the final bank statement attached.